IOWA DEPARTMENT OF PUBLIC HEALTH - IMMUNIZATION PROGRAM VACCINE TEMPERATURE LOG - FAHRENHEIT

Clinic Name:																	IICLIVI			_ Mc	nth/	Year	:					
Refrigerator	Mair	ı, I, 2	, 3):																					Г	Days	16-3	3 I	
Instructions for complethe temperature and re	ting t	his ten	npera	ture I	og: Cl tempe	heck eratu	the tempe re, the tim	ratures i e of the	in bo tem _ا	th the fr perature	eezer readi	and th	he refi nd you	rigera ır init	itor un	nits a Ince	t least twic	ce eac has e	h wo nded,	rking day save ead	. Place ch moi	e an "X nth's co	." in thomple	he box	x that	corre	spond	ds
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Exact Time																												
Room Temp																												
Staff Initials																												
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Immunization Program

If the recorded temperature is in the shaded zone: This represents an unacceptable temperature range follow these steps:

- 1. Store the vaccine under proper conditions as quickly as possible.
- 2. Call the manufacturer(s) of the affected vaccine(s).
- 3. Call the Iowa Immunization Program at 1-800-831-6293.
- **4.** Document the action taken on the Emergency Vaccine Response Worksheet and Troubleshooting Record.

IOWA DEPARTMENT OF PUBLIC HEALTH - IMMUNIZATION PROGRAM VACCINE TEMPERATURE LOG - FAHRENHEIT

Clinic Name:											VFC PIN:								Month/Year:										
Refrigerator (N	ng thi	is tem	perature lo	g: Ch	eck th	ie tem	perati	ures in	both	the fr	eezer	— and t	he ref	rigera	tor ur	nits at	least	twice	each w	vorkii	ng day	y. Place	e an "	'X" in	the bo	ox tha	l-I5	espon	ıds
he temperature and reco	rd the	ambie	ent (room) t		rature,	_	ime of 4	f the te		rature 6		ngs, a			ials. C		he mo	nth ha		ed, sa		ch moi		compl	_	orm form f			15
Time of Day	am	pm	am pm	am	:		pm	am		am		am			pm	am		am	_	am	-	am	_	am	_	am	: 1	am	-
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Record actual temp ≤ 32	,																												
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IMMunization Program

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